

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

NO. **097647946**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5							55						
6		1					56						
7							57						
8	1						58						
9							59						
10		1					60						
11		1					61						
12							62						
13		1					63						
14							64						
15		1					65						
16	1						66						
17							67						
18		1					68						
19							69						
20		1					70						
21							71						
22		1					72						
23							73						
24	1						74						
25		1					75						
26							76						
27		1					77						
28							78						
29		1					79						
30							80						
31		1					81						
32							82						
33		1					83						
34	1						84						
35		1					85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	30						TOTAL DEP.						
TOTAL CLAIMS	35						TOTAL CLAIMS						